

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**09 / 830 920**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6		2				
7		2				
8	1					
9	1					
10	1					
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50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	6	←		←		←
TOTAL CLAIMS	12					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

AVAILABLE COPY